SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Supplier Contact: Contact Telephone:	Humana and Humana/C Michelle Castillo 305-626-5067	ompBenet	its			
Bid No.: 12-005V	Purchase Order No.:	None				
What was the product / service	e?					
1. How do you rate the supplier in the following areas?						
Overall Customer Service Delivery as Scheduled or P		1 Poor	2 Fair □ □	3 Good □ □	4 Very Good	5 Excellent
2. How satisfied are you with			•		,	
1 Not Satisfied ☐	1		3 Satisfied		4 Very Satisfied ☐	
3. Will you use them again?	Yes 🖟 No 🗌					
	SECTION 2 - PROD	UCT / SE	RVICE EVA	LUATION		
4. How do you rate their produ	uct / service?	4	2	3	4	e
Compliance with Specificati Quality as Compared to Sim Price as Compared to Simila	ilar Products/Services	1 Poor	2 Fair 	Good	Very Good	5 Excellent
5. Would you purchase this p	roduct or use this vendor	again?			•	
า Very Unlikely ☐	2 Unlikely 🗌		3 Probably		Definitely	
*If not, please explain why in comments.					<i>,</i> ~ ~	
	SECTION 3	END-U	SER INPUT	•		
Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.						
*Comments:						
School / Department: Benef	Evaluation ildra Martin-Ogburn, Dire its Department 21 3108			yment Servi	ces 0 10 15	
		DAGE .	1051		•	rov6/26/2014

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name:	Solstice Benefits, Inc.					
Supplier Contact:	Mylene Bronca					
Contact Telephone:	954-370-1740			***************************************		
Bid No.: 12-005V	Purchase Order No.:	None				
What was the product / servic	e?					
1. How do you rate the suppli	er in the following areas?		_			_
Overall Customer Service Delivery as Scheduled or F	romised	1 Poor	2 Fair □ □	3 Good	Very Good	5 Excellent
2. How satisfied are you with	the supplier?					
1 2 Not Satisfied Somewhat Satisfied			3 Satisfied ⊠		4 Very Satisfied ☐	
3. Will you use them again?	Yes.⊠ No □					
SECTION 2 – PRODUCT / SERVICE EVALUATION						
4. How do you rate their produ	uct / service?		_			
Compliance with Specificati Quality as Compared to Sim Price as Compared to Simila	ilar Products/Services	1 Poor	2 Fair 	3 Good	4 Very Good	5 Excellent
5. Would you purchase this p	roduct or use this vendo	r again?				
1 Very Unlikely	2 Unlikely ☐		3 Probably ☐		Definitely	
*If not, please explain why in c	omments.					•
	SECTION :	3 – END-US	SER INPUT			
Please share any additional in performance is unsatisfactory, p	formation regarding this blease tell us why. You n	s supplier o nay attach a	r the produc n additional	ct / service sheet if nec	provided. If thessary.	is supplier's
*Comments:				***************************************		
	ildra Martin-Ogburn, Dire	Form Comp ector, Benef		ment Servic	es	
School / Department: Benef Contact Telephone: 754-3	its Department 21-3108 \			· · · · · · · · · · · · · · · · · · ·		
Participant's Signature:	DACE	\		Date: _	6/10/19	>
9	SUPPLIER EVALUATION FO	RM – PAGE 1	OF 1		ι	rev6/26/2014

SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department
Technology and Support Services Center
7720 West Oakland Park Boulevard, Sunrise, Florida 33351
For assistance with this form, please contact (754) 321-0527 or
E-mail to: charles.high@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

	020710111 00112	JEK EVALUATION			
Supplier Company Name: MetLife & MetLife/Safeguard					
Supplier Contact: Michael Prince					
Contact Telephone:	770-407-2414				
Bid No.: 12-005V	Purchase Order No.: None				
What was the product / service	9?				
1. How do you rate the supplie	er in the following areas?				
	1	2 3	4 5		
Overall Customer Service Delivery as Scheduled or P	Poor	Fair Good	Very Good Excellent		
2. How satisfied are you with t	the supplier? 2	3	4		
Not Satisfied Somewhat Satisfied		3 Satisfied	Very Satisfied ☐		
3. Will you use them again?	Yes No 🗌	• •			
SECTION 2 - PRODUCT / SERVICE EVALUATION					
4. How do you rate their produ	uct / service?	2 2	4		
Compliance with Specificati Quality as Compared to Sim Price as Compared to Simila	Poor ons [Fair Good	Very Good Excellent		
	oduct or use this vendor again?		. 1		
1 Very Unlikely	2 Unlikely □	3 Probably ☐	Definitely Definitely		
*If not, please explain why in co	omments.		→ •		
	SECTION 3 - END	-USER INPUT			
Please share any additional inf performance is unsatisfactory, p	ormation regarding this supplic lease tell us why. You may attac	er or the product / service ch an additional sheet if ne	e provided. If this supplier's cessary.		
*Comments:			,		
	Evaluation Form Co				
Name / Title: Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services					
	ts Department				
-			1.11011		
Participant's Signature:	MANY	Date:	-0/10/12		
S	UPPLIER EVALUATION FORM - PAC	GE 1 OF 1	rev6/26/2014		